

Mail completed application to:  
**CHESTERFIELD COUNTY**  
**Human Resource Management**  
**P.O. Box 40**

**Chesterfield, Virginia 23832**

Phone: (804) 748-1551

TDD: (804) 748-1222

Fax: (804) 778-7939

Jobline: (804) 768-7777

Internet: [www.chesterfield.gov/jobs](http://www.chesterfield.gov/jobs)

*An Equal Opportunity Employer  
Committed to Workforce Diversity*



*Providing a FIRST CHOICE community  
through excellence in public service*

Requisition #

Job Title

Department

**This position is (check one):**

Full-Time

Part-Time

Temporary

**PERSONAL INFORMATION (Please print legibly or type)**

Last Name (include Sr., Jr., etc.)

First Name

MI

Social Security Number

Mailing Address

City

State

Zip

Home Phone #

Business Phone #

Alternate Phone #

Are you authorized to work in the  
United States?

Yes

No

Are you currently employed by Chesterfield County  
Government?

Yes

No

If previously employed, list dates:

From: \_\_\_\_\_

To: \_\_\_\_\_

Mo./Yr.

Mo./Yr.

Do you have relatives employed with Chesterfield Co. Government?

Yes

No

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Do you have a valid driver's license?

Yes

No

Commercial License?

Yes

No

Permit?

Yes

No

Driver's License #: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Types of License(s): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Have you ever been convicted of a felony?

Yes

No

Have you ever been convicted of a misdemeanor that might reasonably affect your ability to perform this job?

Yes

No

If yes (felony or misdemeanor), please explain by stating type of offense, date and location:

**EDUCATION**

Name and location of last Elementary, Junior High, or High School attended: \_\_\_\_\_

Highest Grade Completed (1st-12th): \_\_\_\_\_

Do you have a Diploma or GED?

Yes

No

**College Coursework**

Name and Location	Dates Attended		Credit Hours Earned	Type of Degree or Certificate	Year Earned	Major/Minor Field of Study
	From (Mo/Yr)	To (Mo/Yr)				
Undergraduate						
Graduate						
Other: (i.e., Business, Vocational, etc.)						

**Please list Certifications, Licenses, etc., that are applicable to this position:**

**SKILLS**

Specify skills you have that are applicable to this position (i.e., equipment operation, specialized software, language interpretation skills, etc.):

Typing/Keyboarding \_\_\_\_\_ wpm

Personal Computer

Shorthand

**EMPLOYMENT AND RELATED EXPERIENCE**

This information will be used to evaluate your experience with the qualifications required for this position and should be complete and accurate. **DO NOT INDICATE “See Resume”.** Please note that resumes may be attached for additional information but will not be used to evaluate your qualifications. **All documents submitted with application become property of Chesterfield County and will not be returned.**

**LIST PRESENT OR LAST EMPLOYER FIRST**

Job Title	Employer Name and Address	Dates Employed From: _____ To: _____ Mo./Yr. Mo./Yr.
Supervisor/Title		Telephone Number
Salary Start _____ per _____ Finish _____ per _____	Job Status:      Full-Time      Part-Time      Military Temporary      Voluntary Number of hours worked per week: _____	

**Description of Duties:****Reason for Leaving:**

(If currently employed, indicate reason you desire to leave)

Employer can be contacted for reference:      Yes      No



**READ CAREFULLY BEFORE SIGNING****Certification of Application Information**

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time, and I agree to hold Chesterfield County, its officials and employees harmless in that event.

**Authorization to Obtain Information**

I authorize Chesterfield County to conduct a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Division of Motor Vehicles records, present employers, professional references, personal references, military records and other appropriate sources.

I authorize the release of any information that Chesterfield County may request from the above sources. All information received by the County will only be used by the County in accordance with applicable law.

**Interviews**

I understand that if I am selected to be interviewed, the interview will not be considered the most important part of the employment process. I understand that the County generally considers past performance and references to be the most important indicators of future performance.

**Employment at Will**

If employed by Chesterfield County I understand that my employment is for no definite period of time and may be terminated at any time. I further understand that my employment with Chesterfield County is not pursuant to any contract, either expressed or implied and that I have no contractual rights by virtue of my employment.

**Drug Testing/Background Checks Information**

Chesterfield County is a drug free workplace. In accordance with the Federal Drug Free Workplace Act, Chesterfield County will require all applicants for full-time, part-time safety sensitive, and CDL positions undergo pre-employment drug testing.

Background checks will be conducted on applicants for employment who will provide services to juveniles, and any positions with Police, Fire and Sheriff's Department. The background check may include a polygraph examination.

I understand that should I test positive or have ever abused or neglected a child or demonstrated criminal conduct incompatible with service to or care of children, I may be excluded from future job opportunities with Chesterfield County.

**ADA Notification**

Under the Americans with Disabilities Act (ADA), I understand that I have the right to ask for reasonable accommodations at any stage of the employment process. It is my responsibility to contact the Department of Human Resource Management if reasonable accommodations are needed.

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**Applicant's Signature**

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**Date**

## EEO REPORTING INFORMATION

Position Applied For: \_\_\_\_\_

Requisition #: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

(check one)    Full-Time    Part-Time    Temporary

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
City State Zip

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

This information will be used to comply with the State and Federal Equal Employment Opportunity laws and related reporting requirements. This information will NOT be kept with your application for employment and will **NOT** be used for making employment decisions.

Date of Birth: \_\_\_\_\_

**GENDER (Check one):**

Male  
Female

**RACE (Check one):**

A – American Indian/Alaskan Native  
B – Black  
C – Caucasian  
R - Asian/Pacific Islander  
S – Hispanic

**Definitions**

**American Indian** (includes Alaskans)

**Black** (includes Jamaican, Bahamians and other Caribbeans of African but not Arabian or Hispanic decent)

**Caucasian** (includes Arabian)

**Asian/Pacific Islander** (includes Pakistanis and Indians)

**Hispanic** (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)

**DEFINITION OF DISABILITY:** A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical losses affecting one or more of the body systems, or (2) any mental or psychological disorder.

Do you have a disability?    Yes    No

**HOW DID YOU HEAR ABOUT THE JOB (Primary source only):**

Cable TV

Career Fair (location) \_\_\_\_\_

County Employee (list name) \_\_\_\_\_

County Internet

Employment Opportunity Listing

Job Line

Internet (specify) \_\_\_\_\_

Newspaper (specify) \_\_\_\_\_

Personnel Agency

Publication (specify) \_\_\_\_\_

Radio (specify) \_\_\_\_\_

Virginia Employment Commission

**VETERAN STATUS (Check one):**

Active Reserve  
Disabled Veteran  
Inactive Reserve  
Retired Military  
Veteran (Other than Vietnam)  
Vietnam Veteran  
Not Applicable

**CURRENT COUNTY EMPLOYEE:**    Yes    No

Department : \_\_\_\_\_

**HUMAN RESOURCE MANAGEMENT USE ONLY:**    \_\_\_ Walk-in    \_\_\_ Mailed    \_\_\_ Faxed    \_\_\_ E-Mailed